

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

FONDY CARTER

DEFENDANT

DR. NEWLAND

SERVE



AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Deven Medical Center

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

P.O. Box 880, Ayer, MASSACHUSETTS 01432

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Fondy Carter
Federal Correctional Institute
P.O. Box 6001
Dorchester, MA 01905

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Fondy Carter

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINEI acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 32

District to Serve

No. 38

Signature of Authorized USMS Deputy or Clerk

Manny Salazar

Date

4/2/05

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

Time

am

pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

Served by Const Keith 7/6/05 at
* Process returned by US BOP
Please see attached letter at



U.S. Department of Justice

Federal Bureau of Prisons

Federal Medical Center, Devens

*P.O. Box 880
Ayer, MA 01432*

October 20, 2005

**US Department of Justice
United States Marshals Service
District of Massachusetts
United States Courthouse
1 Courthouse Way, Suite 500
Boston, MA 02210**

Dear Sir or Madam:

I am returning the enclosed envelope with the complaint and summons sent via certified mail addressed to Dr. Newland. Please be advised Dr. Newland is no longer employed at FMC Devens.

If you have any questions , please feel free to contact me at (978) 796-1000, Ext. 1039.

Sincerely,

A handwritten signature in black ink, reading "Cheryl L. Magnusson", is written over the typed name.

**Cheryl L. Magnusson
Legal Assistant**

Enclosures